Form **500** (rev. 8/02) Individual Income Tax Return Georgia Department of Revenue 20



200	2								
1.	Fiscal Year Beginning	MM-DD-YY		DO NOT USE LABEL					
	Fiscal Year Ending	MM-DD-Y							
0	Your First Name	Initial	Your SSN						
2.	AAAAAAAAAAAAAAAAAAAA Your Last Name	A	NNN-NN-N	NNN Suffix		with an X if you nt a booklet next year		PARTMENT USE OF EXT.	NLY MISC.
	AAAAAAAAAAAAA	AAAAAAA	AAAAAAAA	NNN					
	Spouse's First Name	Initial	Spouse's SSN					Ш	ш
	AAAAAAAAAAAAA	A	NNN-NN-N	NNN					
	Spouse's Last Name	AAAAAAA	AAAAAAA	Suffix NNN					
3.	Check if Address Change	X							
	•	AAAAAAA	AAAAAAAA	AAAAAA	AAAAAA				
	AAAA	AAAAAAA	AAAAAAAA	AAAAAA	AAAAAA				
	City AAAA	AAAAAAA	AAAAAAAA	A State	AA	Zip Code N	NNNN-	NNNN	
	Country (If Foreign) AAAA	AAAAAAA	AAAAAAAA	AAAA		•			
4.	Use one number only to enter in							4.	N
	Part-Year Residents and Non-re							ŕ	
	1. Full-Year Resident 2. Part-Year Resident from MM-DD-YY to MM-DD-YY 3. Nonresident								
5.	Enter Filing Status with appropriate letter (Must be same status used on your Federal Return)								
	A. Single C. Married filing separate (Spouse's social security number must be entered a								
	B. Married filing joint D. Head of Household or Qualifying Widow(er)							,	
6.	Dependents (If more than 4 dep	•	,		D		D.1.	41	
	First Name	Last	Name		Depend	ent's SSN	Reia	tionship to Yo	Ju
	AAAAAAAAAAAA		AAAAAAAAA			NN-NNNN		AAAAAA	
	AAAAAAAAAAA		AAAAAAAAA			NN-NNNN		AAAAAA	
	AAAAAAAAAAAA		AAAAAAAAA			NN-NNNN		AAAAAA	
	AAAAAAAAAAAAA	A AA	AAAAAAAAA	AAAAAA	A NNN-	NN-NNNN	AA	AAAAAA	
7. 8.	Total Number of Exemptions fro							7.	NN
	If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s, you must enclose a								
	copy of your Federal Form 1040 pages 1and 2. Regardless of income, if you use itemized deductions, you must enclose Federal Schedule A. Do not enclose other Federal Schedules.								
	Federal adjusted gross income					8.	▶ N.	MUNNNNN	NNN
	From Federal Form 1040, 1040	A or 1040 EZ	(Do not use FEDE	RAL TAXABL	E INCOME)				
9.	Adjustments from Schedule 1							INNNNNNN	NNN
10.	5 , 5							NNNNNNN	1NNN
11.	Standard Deduction (Do not use			CTION)		11a.	N.	NNNNNNN	1NNN
	b. Self: 65 or over?		Blind? X						
	Spouse: 65 or over?		Blind? X				_		
	Total of Boxes N	x 1,300=				11b.	ightharpoonup	MUNNNNN	NNN
	c. Total Standard Deduction (Li	ne 11a + Line	11b)			11c.	► N	MUNNNNN	1NNN
12.	Total Itemized Deductions used	in computing	Federal Taxable In	ncome		12.	▶ N.	MUNUNUN	1NNN
	Schedule A-Form 1040			Less:					
AAZ	AAAAAAAAAAAAA	AAAAA	NN VVV	V-CCCC	2002	GA	004	T1	NN